

Announcing!

Indiana Department of Commerce: CDBG Grants Administrator Training Year 2004 Second Session Test-out & Accreditation Course

TEST-OUT

Wednesday, September 8, 2004

12:00 p.m. - 4:00 p.m.

Registration deadline: September 3, 2004

(If you have passed the certification or accreditation course in the past 2 years, you are not required to retake the class or test-out until your certification expires.)

4 DAY COURSE

Wednesday, September 29, 2004

Wednesday, October 6, 2004

Wednesday, October 13, 2004

Wednesday, October 20, 2004

9:00 a.m. - 4:00 p.m. each day

Wednesday, October 27, 2004

9:00 a.m. – 12:00 p.m.

Registration deadline: September 23, 2004

PLEASE REGISTER EARLY – SPACE IS LIMITED

FEE: \$100 for the 4-day course, there is no charge for the test-out

TEST-OUT & TRAINING LOCATION:

The Garrison at Fort Benjamin Harrison State Park – South Ballroom,
6002 North Post Road, Indianapolis, IN 46216 **(Directions will be sent with confirmation)**

REGISTRATION FOR YEAR 2004 SECOND SESSION TEST-OUT

(open only to those who have previously passed the certification or accreditation course)

WEDNESDAY, September 8, 2004, 12:00 - 4:00 P.M.

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP-CODE: _____

PHONE: (____) _____ FAX: (____) _____

EMAIL: _____

Please remit this form by fax or regular mail to:

LISA GARNER

CENTER FOR ECONOMIC AND COMMUNITY DEVELOPMENT

CARMICHAEL HALL, ROOM 109

BALL STATE UNIVERSITY

MUNCIE, IN 47306

FAX: (765) 285-4989

PHONE: (765) 285-1665

Indiana Department of Commerce: CDBG Grants Administrator Training

REGISTRATION FOR YEAR 2004 SECOND SESSION 4-DAY COURSE

WEDNESDAYS: SEPTEMBER 29, 2004, OCTOBER 6, 13, 20, 2004, 9:00 a.m. - 4:00 p.m. and
OCTOBER 27, 2004 9:00 a.m. – 12:00 p.m.

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP-CODE: _____

PHONE: (____) _____ FAX: (____) _____

EMAIL: _____

FORM OF PAYMENT: CHECK ☐ MONEY ORDER ☐ PURCHASE ORDER ☐

PO# _____ Contact name _____

agency _____

VISA ☐

MASTERCARD ☐

Card number _____ Expiration date _____

Cardholder's signature _____

Please make checks payable to BALL STATE UNIVERSITY

Return this form and \$100 payment to:

LISA GARNER
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